JOES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	his certificate does not confer rights to				ıch enc	lorsement(s)		•	uorsemen	ii. A Si	atement on		
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way						CONTACT Stefan Hodgden, CISR NAME: PHONE (OTO) COA CASE							
						PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188 E-MAIL (A/C, No): (970) 824-8188							
Cra	ig, CO 81625				ADDRE								
								RDING COVERAGE			NAIC#		
		INSURER A: Travelers Property Casualty Company of America 25674						25674					
INS	JRED	INSURER B:											
	Jason Condominiums Home	own	ers A	Association	INSURER C:								
PO Box 2776 Crested Butte, CO 81224						INSURER D:							
	,				INSURE								
L					INSURE	RF:							
				E NUMBER: 1		EEN IOOUED T		REVISION NU					
	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R												
C	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS					
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN	REDUCED BY I	PAID CLAIMS. POLICY EXP						
INSR LTR		INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	/DD/YYYY) (MM/DD/YYŶY)		LIMIT	S	1.000.000		
Α		COMMERCIAL GENERAL LIABILITY						DAMAGE TO REA	NCE	\$	1,000,000		
	CLAIMS-MADE OCCUR			6803288X008		1/1/2022	1/1/2023	DAMAGE TO REN PREMISES (Ea oc	currence)	\$	E 000		
								MED EXP (Any on	e person)	\$	5,000 1,000,000		
								PERSONAL & AD	V INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRI	EGATE	\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COI		\$	2,000,000 Included		
	OTHER:							COMBINED SING		\$	Included		
	AUTOMOBILE LIABILITY							(Ea accident)		\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$			
	DED RETENTION \$							PER	OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	1/A			E.L. EACH ACCIDENT		ENT	\$				
	If yes, describe under							E.L. DISEASE - EA		\$			
Α	DESCRIPTION OF OPERATIONS below Property	SCRIPTION OF OPERATIONS below			1/1/2022	1/1/2023	E.L. DISEASE - POLICY LIMIT \$ Building		\$	1,260,072			
			6803288X008			1/1/2022	1/1/2023	Occurrence/Aggregate			1,000,000		
Α	Directors & Officers			00032007000		17172022	1/1/2023	Occurrence/A	ggregate		1,000,000		
DES	CCRIPTION OF OPERATIONS/LOCATIONS/VEHICL se Notes for Additional Coverages**	LES (A	ACORE	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	red)					
CERTIFICATE HOLDER						CANCELLATION							
Unit Owners Copy Informational Use Only						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED						
Mountain West In & Fin Serv LLC	Jason Condominiums Homeowners Association PO Box 2776 Crested Butte, CO 81224							
POLICY NUMBER								
SEE PAGE 1								
CARRIER	NAIC CODE							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage Info

Replacement Cost Coverage Applies
1 Building - 4 Units / \$1,000 Deductible

Coinsurance: Waived

Ordinance or Law:

Coverage A- Included in Building Limit

Coverage B - \$250,000 (Included in Blanket Endorsement) Coverage C - \$250,000 (Included in Blanket Endorsement)

Water or Sewer Backup: \$25,000